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Glossary

Disclaimer: The Department of Family and Community Services (FACS) does not warrant that these definitions are correct. Directors should seek professional legal advice relevant to their issues.

accreditation – certification by a licenced agency ('conformity assessment body') that a service provider complies with standards.

actions (strategies or tasks) – the activities needed to achieve objectives and vision.

benchmark – a standard or point of reference against which things may be compared or assessed.

board – the governing body of an organisation, made up of directors. *Note: some organisations refer to the board as management committee and to the directors as management committee members. The term 'board' is used in this manual to include management committee.*

certification – (see 'Accreditation')

compliance – meeting specific requirements (of, for example, standards, legislation or regulation).

conformity assessment body (CAB) – an agency licensed to provide verification or accreditation against standards.

continuous improvement/continuous quality improvement (CQI) – the process of reviewing and making improvements in an ongoing manner.

core business – the main activities of an organisation.

data – information collected for use in planning, decision making or evaluation.

director – a person formally elected and/or appointed under law to a board, in accordance with the organisation's constitution. *Note: some organisations refer to the members of their governing body as management committee members. The term 'director' is used in this manual to include management committee members.*

evaluation – the formal process of assessing whether the implementation of a strategic business plan, or an activity, has been successful.

evidence – documents, reports or other information that demonstrate compliance or performance.

external review – checking of evidence to ascertain compliance against a set of standards by an independent third party (also referred to as external or third party verification).

governance – The framework of rules, relationships, systems and processes within and by which authority is exercised and controlled in corporations.

key performance indicators (KPIs) – the benchmarks or targets that have been chosen to measure how successfully a service provider has achieved its objectives.

mandate – the authority of a board to act on behalf of members of the organisation.

milestones – the measurable stages of progress towards achieving a planned objective, such as the date something is achieved or the quantity of an output.

monitor – to check, supervise, observe critically, or record the progress of an activity, action or system on a regular basis to identify change.

objectives – what a service provider wants to achieve as a result of its planned activities. Sometimes the term ‘objective’ is used interchangeably with the terms ‘goal’ or ‘aim’.

outcomes – the results of planned actions.

person-centred approach – a way of supporting and working with people with a disability that puts the person at the centre of planning, funding and support and service arrangements.

qualitative – relating to, measuring, or measured by the quality of something rather than its quantity.

quality improvement plan – plan for action to make improvements that will impact on the quality of service delivery or operations.

quality management process – any set of procedures or activities that control or monitor the quality of the service provider’s work.

quality management system – a structured set of processes for monitoring and managing quality within a service provider.

quantitative – a numeric measure of an outcome.

risk – the chance of something happening that will have an impact on an organisation’s objectives. Risk is measured in terms of likelihood and consequences.

risk management – the process of identifying and implementing strategies to prevent or control the impact of risks.

standards (industry or service standards) – specific procedures or outcomes that service providers are required to meet within an industry area.

stakeholders – any person or organisation with an interest in the operations of a service provider.

strategic business planning – a process to map how a service provider can use its resources to successfully achieve its objectives over a period of time (usually three to five years).

strategic directions – the parameters for defining what a service provider will do, based on an analysis of its operating environment and its internal capacity.

targets – specific levels of performance set by the service provider in relation to plans and performance measures.

About this chapter

This chapter provides a guide to developing and implementing quality management for service providers. For organisations new to quality management, the chapter provides a starting point and a step by step guide, while experienced providers may find it useful for checking their existing system.

Quality management provides a framework for service providers to understand what works well in their organisation, what needs to be improved and what needs to change to meet the needs of service users.

It is an important part of making sure that there are consistent and effective ways of managing service delivery and that the services provided are working well for the people you support. Providing assurance of quality services is particularly important in the context of person-centred approaches to service delivery.

A person-centred approach to service delivery is a way of supporting and working with people with disability that puts the person at the centre of planning, funding and support and service arrangements. In a person-centred human services system, quality is crucial in supporting choice for service users. It is a basic part of good practice in service delivery and ensures there is a strong, vibrant and sustainable service sector which offers choice of service providers and high quality supports.

The board needs to ensure that they have a quality management system and that internal controls are in place to comply with relevant standards within a person-centred, individualised funding environment. The resources included at the end of this chapter provide templates and checklists to assist the board with oversight of a quality management system.

10.1 Introduction: Context for quality management

10.1.1 What makes a 'quality service'?

The provision of quality service is the core business of any service provider. Essentially, this means ensuring that service provision and management:

- meet industry or service standards – for example in the case of a disability service provider, the NSW Disability Services Standards, provide a benchmark for procedures and outcomes against which a service provider can measure itself.
- receive positive feedback – high levels of satisfaction from service users is one indicator of quality
- deliver quality outcomes for individuals – services are effective when they successfully meet the needs of people and improve their situation.

10.1.2 What is 'quality management'?

Quality management is the action a service provider takes to make sure that it always provides the best possible service for the people it supports. Quality management involves the service provider:

- listening to people who receive services and valuing their feedback
- understanding what it is doing well
- identifying where improvements are needed
- taking action in order to best meet the needs of service users.

Quality management is also about a service provider gathering the information that it needs to change and innovate as part of a cycle of continuous improvement.

TIP: It is important your organisation is aware of the need to maintain or improve your services. For example, a disability service provider might encourage staff to ask service users specific questions about how easily staff can be contacted when there is a need. By gathering this information from staff, the service provider could identify ways to improve access and the responsiveness of the service.

10.1.3 The policy context for service providers in NSW

There are a number of different quality requirements and industry standards that may apply to services providers. NSW service providers need to comply with relevant requirements and standards. For example, disability service providers need to comply with standards generated by the National Disability Agreement, the NSW *Disability Inclusion Regulation 2014* (NSW), the NSW *Disability Inclusion Act 2014* (NSW) and the NSW Disability Services Standards. From 2018, providers delivering services to people with disability under the National Disability Insurance Scheme (NDIS), will need to follow the Disability Reform Council NDIS Quality and Safeguarding Framework.

Providers of other human services must comply with other standards relevant to their service. (eg. Community Housing providers must comply with the National Community Housing Standards, Aged Care Services must meet their accreditation requirement under the *Aged Care Act 1997* (Cth), by being accredited by the Quality Agency against the Accreditation Standards as detailed in the Quality of Care Principles 2014).

Service providers must ensure they are complying with all accreditation requirements relevant to their industry. Peak/industry bodies often provide relevant information and guidance on what specific requirements may apply to their industry.

10.1.4 Responsibility of the board

The board is responsible for the overall activity and performance of the service provider. This includes ensuring that services are well planned, effective in meeting needs and provided at the best possible level of quality by:

- ensuring that the service provider has a quality management system and that internal controls are in place to comply with relevant standards
- monitoring the results of quality reviews and making changes as needed
- ensuring compliance with reporting and related requirements
- implementing organisational risk management
- pursuing organisational goals of service excellence.

The board also has the responsibility for providing leadership in quality management. To provide this leadership, the board needs to work with senior staff to:

- foster a positive attitude to quality improvement across the staff team
- implement policy and procedures for quality management that will provide guidance to staff
- identify key indicators for quality for the service
- establish documentation and reporting processes that will enable the ongoing tracking of quality improvement.

Quality management and continuous improvement occur at all levels within an organisation. board and staff should foster a culture which critically reflects on current practice, explores new ways of doing things and embraces change when needed.

This may require a change in existing attitudes and ways of working. Any organisational change needs to be introduced in a planned and considered manner that:

- identifies existing attitudes and perceptions
- challenges old ways of thinking
- provides good reasons for a different way of thinking and working
- ensures that resistance is addressed through people becoming engaged in the change process.

10.2 Quality management systems

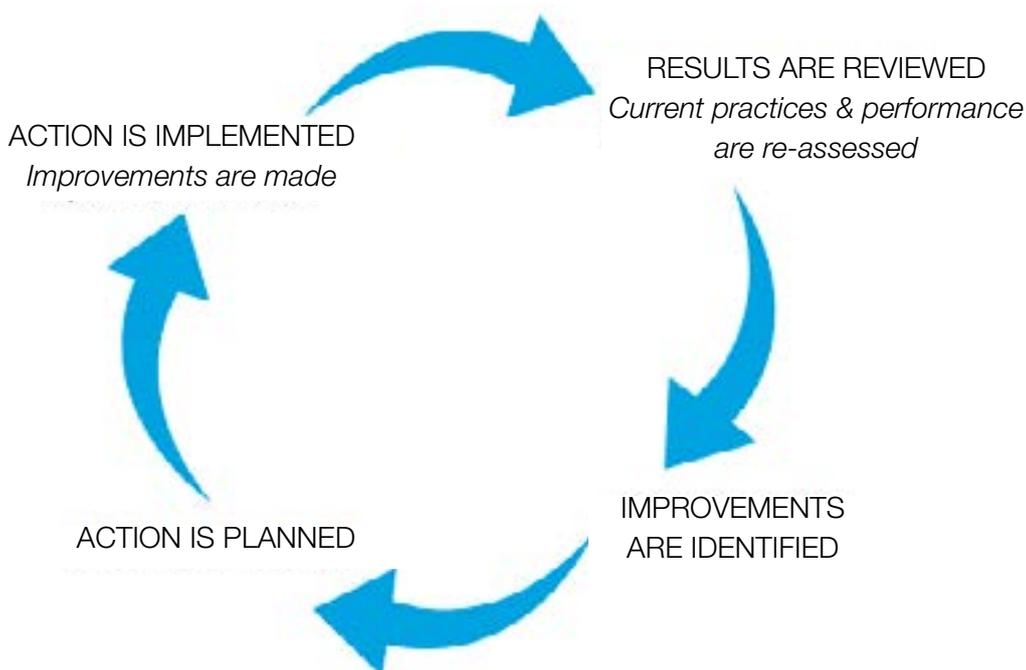
10.2.1 What is a 'quality management process'?

The basis of any quality management process is a simple cycle of continuous improvement. As part of this process the service provider might:

- identify current practices
- collect and review feedback from service users and from other stakeholders
- review the results it is achieving against standards and other indicators
- identify improvements that can be made to better reach or exceed standards, meet needs or achieve results
- develop a plan for improvement
- implement the plan for improvement
- re-assess practices and performance – the cycle commences again.

This cycle of continuous improvement (also known as 'continuous quality improvement' or 'CQI') has many variations, the most common being the 'Plan/Do/Check/Act' cycle, also used in broader planning and evaluation processes.

Whatever the version, the principles remain the same:



10.2.2 What are the benefits of using quality management processes?

Implementing quality management processes will help a service provider to:

- provide best possible outcomes for service users by driving improvements in service provision
- streamline internal evaluation, performance monitoring and planning processes by integrating them into a single system
- make effective use of standards and related compliance activities to inform good practice and improvements in service
- ensure well informed management decision making with useful data from tracking and review processes within the quality management system
- demonstrate and provide evidence of service quality and achievements.

Demonstrating quality and achievements serves several purposes:

- evidence of quality, such as meeting a particular standard or being accredited under a recognised quality system, gives people receiving or looking for services, confidence that they can trust the service.
- demonstrating quality can also be important in attracting people to choose the service provider.
- it enables the service provider to show that it meets accreditation requirements for quality and compliance with standards.
- it promotes confidence in the service within the general community.

10.2.3 Standards

Standards are agreed procedures or levels of performance against which service providers can assess themselves. Standards are usually set by a body with responsibility for quality in an industry or sector or by a broader national or international body for standards that may apply across different industries (see Standards Australia – www.standards.org.au and Chapter 7).

Standards most often describe the outcome required of a particular activity, the way in which it should be organised or managed and the procedures that should be in place to manage it.

For example – a service user feedback standard usually describes:

- outcome: the service provider uses feedback from service users and other stakeholders to inform service planning and improvement.
- process and procedure: the service provider collects and analyses service user feedback on a regular basis and uses the findings in review and planning processes.

Service providers may be subject to a range of community services standards related to the services they provide.

10.2.4 Performance measures

Performance measures (or ‘indicators’) are the way outcomes or results are evaluated. They are the measures of how well the service provider is carrying out its work and achieving its aims. They are expressed as numbers rather than as descriptions.

Performance measures for service providers may be set as part of a set of standards, but service providers may also choose to identify additional performance measures for themselves.

TIP: In order for your organisation to better utilise the quality management system you have in place, it may be necessary to go beyond the scope of your current third party verification/ external review requirements and look at engaging in other evaluation programs such as academic or social research studies. Your organisation could gain valuable insight on how to be more innovative with practices and enhance service user outcomes.

Performance measures can tell a service provider:

- how much it has done (for example: numbers of service users, numbers of activities provided)
- how well it has done something (for example: levels of satisfaction by numbers of people, timeliness or efficiency of activities)
- what effect it has had (for example: outcomes for numbers of service users, changes in social well-being or social policy).

‘Key Performance Indicators (KPIs)’ are performance measures that are set as the benchmarks or targets to measure how successfully a service provider has achieved its objectives or met particular standards.

Standards provide one set of indicators of good practice for the service provider, but the board may also wish to identify other indicators that will tell how well the service provider is doing its job. These may include indicators for:

- sound corporate governance
- the financial health of the service provider
- levels of satisfaction with the service received
- achievement of positive outcomes for service users
- staff morale
- a positive profile for the service provider amongst stakeholders.

Performance measures require particular types of information to be collected and analysed. ‘Data’ is the quantitative information that can be used to track progress, measure against targets and report.

For example: if a service provider sets a target of 100% of service users reporting high levels of satisfaction, they would collect feedback from service users about their levels of satisfaction, and compare this with their target.

The results of this process can then be used to inform decision making.

For example: if the service provider finds that only 70% of service users express high levels of satisfaction, they would analyse why satisfaction was lower than expected and take action to address any issues.

In developing performance measures, it is critical that the method of data collection is also planned to demonstrate results against the measures.

10.2.5 Evidence

Evidence is the information that demonstrates a particular standard or performance measure has been met. It may consist of:

- copies of organisational documents, such as policies and procedures, registers or reporting templates
- results of data gathering, such as service statistics, feedback from service users, or surveys of stakeholders
- interviews or consultations conducted with service users, staff or other stakeholders
- physical aspects of the service observed by a reviewer during a site visit, such as layout of premises, availability of information to people using the service, safety of equipment and building.

Evidence is important for internal reporting as it is the way that the board can assure itself of how well the service provider is doing its work. Evidence is also critical for external reporting, and for the external reviewers or auditors to be able to verify that the service provider meets the requirements of the standards.

For example: if a service provider reported that 95% of service users are very satisfied with the service, then they should be able to prove that this is a valid claim by providing details on how the feedback was collected, the number of people providing feedback and other information provided. In an external review or audit, reviewers will usually want to talk directly to a sample of service users to verify this directly.

10.2.6 Integrating risk management

Risk management does not mean simply avoiding all risks, as innovation and service improvement sometimes involve taking calculated and planned risks. Risk assessment and management should be an integral part of planning and of quality management. (See Chapter 6 for a detailed guide.)

Risk management protects service quality by:

- ensuring service user safety and the safety and viability of the service a person receives
- identifying and acting to prevent or mitigate any interruption or deterioration of a service
- safeguarding the health and safety of staff providing the service.

Tracking the feedback of service users and other stakeholders, and tracking general performance against other measures, is in itself, a risk management activity. Quality management processes can alert the service provider to risks and problems that may be developing.

For example: feedback from some service users indicates that they have experienced being left unattended for extended periods of time. This alerts the service provider to a potential risk that may need to be investigated.

10.3 Service user feedback

Service users are central to any quality management system. The quality of service needs to be assessed and driven from the point of view of the people receiving that service.

Service users, and their families, carers or advocates, are best placed to let a service provider know what is working well for them, if their identified needs are being met, and what is not working, and also what ideas they have for improving services. Direct feedback can assist a service provider in improving service delivery and in exploring different approaches and innovations.

Service users and/or their advocates need to be involved in providing feedback about their experience of the service, but it is also important to look at external measures that tell the service provider about how well it is achieving outcomes for people. Looking at other service providers can provide insight into the extent to which its systems and practices meet good practice standards that are known to produce positive outcomes.

10.3.1 Gathering feedback from service users

The most immediate source of information will be the direct feedback from service users, their families and carers. Ideally, feedback should be collected on an ongoing basis, and needs to be collected in ways that maximise people's capacity to provide full and honest feedback.

In setting up feedback or consultation processes, care needs to be taken to ensure:

- methods are suited to individual participants, which may mean using more than one consultation strategy such as one on one interviews, focus groups, online or paper surveys, photo voice techniques
- questions encourage constructive feedback and ideas for improvement rather than simply eliciting statements of gratitude
- people do not feel exposed or vulnerable in providing negative feedback – this may mean providing opportunities for people to provide feedback anonymously and creating a culture where people feel valued when making honest comment
- people can see the impact of suggestions they have made and receive feedback on changes that have been made in response to their input.

An effective quality management system builds in continuous improvement at every level of service, so that service providers check in on a regular basis with the people they support, make changes in response to what they are being told and report information on issues through to the policy management level within their organisation.

For example: to overcome reluctance by people receiving services to say very much about the service, a service provider might use a group activity of drawing or describing an ideal service or living situation. Using imagination can assist people receiving services to look beyond what is immediately available and provide new ideas for the service provider.

10.3.2 Tracking outcomes for service users

In addition to direct feedback, the service provider also needs to have objective ways of assessing the extent to which people's needs are being met. The extent to which needs are met is usually tracked by a service provider at a number of levels:

- support plans and case management documentation for individuals: Case management documentation is used to keep track of the agreed or planned aims and actions for individuals, and of what has been achieved at any point in time. Case review processes provide opportunities to make adjustments in planned action and improve the outcomes being achieved.
- service intake and progress data: Reports on the number and types of service users, and the numbers progressing through stages or aspects of the service gives the service provider information on how well its access, intake and case management procedures are working.
- outcome data: Reports on the proportion of service users who have achieved particular outcomes tell the service provider the extent to which it is successfully supporting people and producing positive outcomes.
- staff feedback: opportunities for the workforce to provide feedback either individually or as a group.
- complaints data: The Feedback and Complaints Management Log (FCML) can help you to manage information about the number and types of complaints you receive annually, and how the complaints were resolved in accordance with the requirements of the Ageing, Disability and Home Care (ADHC) funding agreement and the Department of Social Services. The log can be used to develop good complaint handling systems and deal with feedback and complaints fairly, objectively and as quickly as possible. It is a user-friendly process for you to store your feedback and complaints data.

TIP: Questionnaires and surveys can be a good tool to monitor and gain feedback on how well your organisation is performing. When the sector undergoes reform, for example with the NDIS, it is important that your organisation has monitoring tools such as these in place as they can provide insight to ensure the continued success of your organisation in a new operating environment.

10.4 Implementing a quality management system

10.4.1 What's involved in implementing a quality management system?

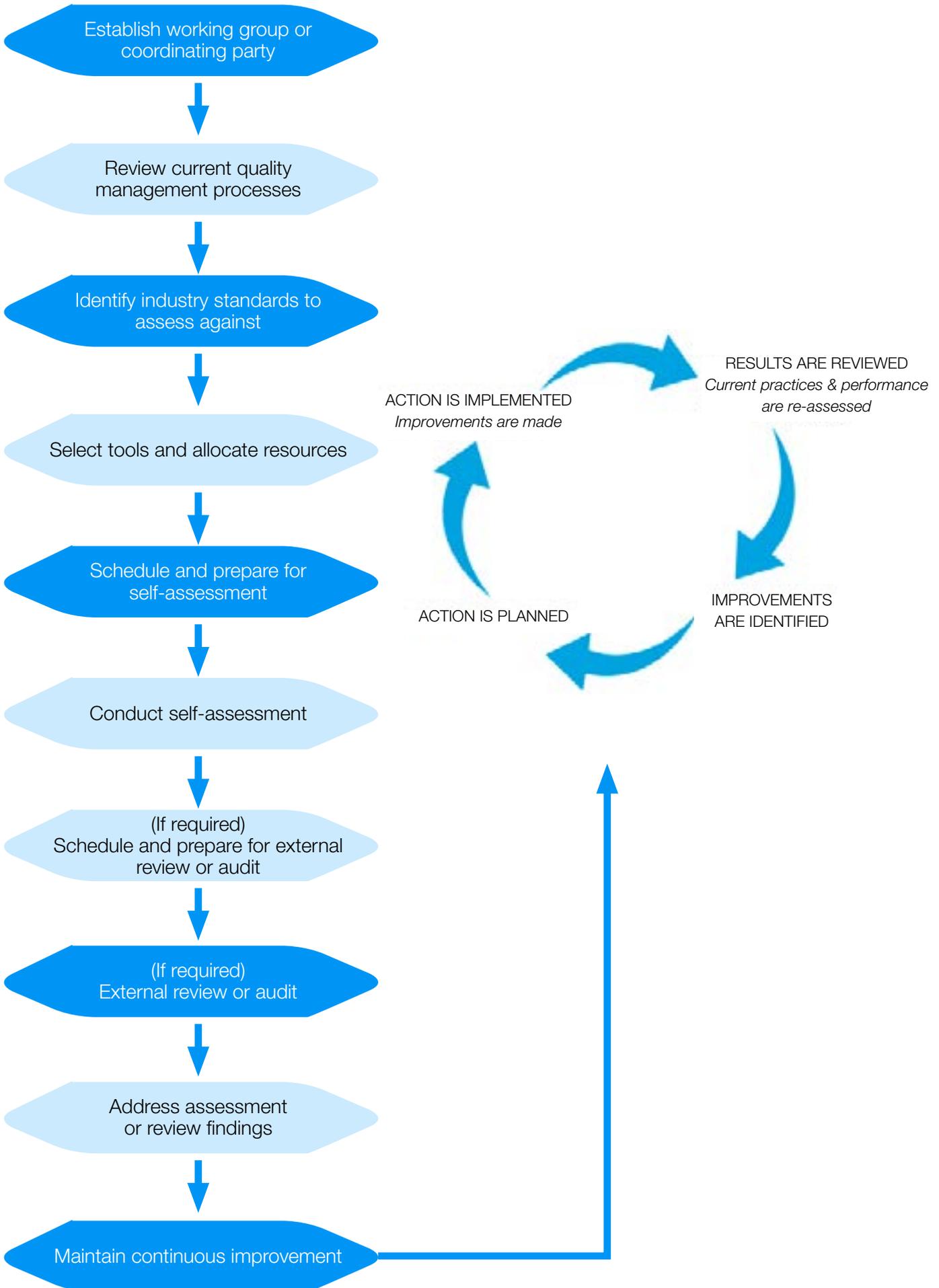
Most service providers have quality management processes of some form in operation. These are usually made up of:

- a service provider's general policies and procedures which provide the foundation by directing how tasks are to be carried out
- checking the service provider's compliance against regulatory or contractual requirements
- review and evaluation activities, such as collecting responses from participants in service activities, reviewing policies and procedures on a regular basis or holding team review and planning sessions.

A structured quality management system will have a coordinated, planned and documented approach. This approach may include an external review by an independent accreditation agency or auditor, or simply remain an internal self-review process.

Different quality management accreditation standards have been cross-referenced and most accreditation processes recognise partly or in full other sets of standards that service providers have in place.

The following diagram outlines the steps involved in implementing a structured quality management system irrespective of service provider size or complexity. While the same steps will be followed by both large and small providers, more extensive and detailed requirements and processes are likely in a larger, complex organisation.



1) Establish a working group or coordinating body

The first step is to establish who will take responsibility for leading and coordinating the process. Depending on the size of the service provider and the resources available, this process might be led by the board, senior management or by a working group established for the purpose.

2) Review current quality management processes

The next step is to review the existing quality management processes including:

- the service's scope, size, and planned future directions
- existing quality management processes and documentation
- touch points where the quality of service delivery is being managed, monitored and improved within the organisation
- current knowledge, experience and expectations of staff and the board re quality management
- results of any previous self-assessment or external review processes

Most service providers have some forms of 'quality management' in place in the form of policies, procedures and other documented processes. These may include:

- feedback and consultation processes for service users and other stakeholders
- case review procedures
- reporting on service outcomes
- general review and planning processes

3) Identify industry standards to assess against

Organisations may have a number of mandatory sets of standards to comply with as a result of the range of service types offered (Disability Service Standards, National Community Housing Standards, Quality of Care Principles, etc.). Service providers may also be interested in assessing against one of the sets of standards available as generic standards (eg. ISO 9001:2015) or the Disability Reform Council NDIS Quality and Safeguarding Framework.

When deciding to seek accreditation using generic, rather than industry standards, review the costs and benefits, including:

- the service provider's size, range of services and plans for growth
- the scope of the standards (ideally, the standards need to cover as many aspects of the service provider's business as possible)
- the interaction between different sets of standards that apply to the service provider
- the process required (how complex it is, how much staff and board time it will require, the extent to which it is supported by tools and resources)
- the financial cost (this includes the cost of external review or audit and access to standards materials and resources)
- the profile of the standard (that is, how well it is regarded within the sector and by funding bodies)
- the likely benefit in terms of informing and supporting improvement in the organisation (talk to other like service providers that have used the standards you are considering)
- market trends, competitors, industry benchmarks and community expectations.

4) Select tools and allocate resources

The service provider will need to allocate dedicated resources to the accreditation preparation process including:

- set aside staff and board time to prepare, conduct, manage and track progress
- allocate specific tasks and responsibilities to individuals
- ensure the process is led and managed at an appropriately senior level
- review and select tools to support self-assessment and documentation.

Many standards come with their own tools (often a self-assessment tool) and resources, and some external reviewers or auditors also provide preferred self-assessment tools and resources as part of their work with a service provider. There are also online products and services available, which carry content for some standards. The CCSP Self-Assessment Guide and the Self-Assessment against the NSW Disability Services Standards for Providers of Non-Direct Client Supports Guide have been developed jointly with National Disability Services (NDS) and are now available on the ADHC website (Quality pages) and on the Quality Framework Reporting online system.

When selecting tools for self-assessment, consider:

- whether work done using the tool will produce outputs that could be useful to your external reviewer or auditor
- how easy the tool will be to use and whether it will save or add to the time self-assessment will take
- how useful the tool is over the longer term in terms of informing planning, reporting and continuous improvement
- financial cost.

5) Schedule and prepare for self-assessment

Plan and manage the process of self-assessment as you would manage a project. Start by identifying and documenting:

- responsibilities – allocate responsibilities for coordinating the whole process, leading groups or teams, and completing different sections of the self-assessment
- time frames – set time frames for completion of sections of the self-assessment, review and sign off by the staff or board member responsible
- self-assessment activity plan – assess the time involved in self-assessment and break the tasks into manageable sections
- evidence documentation – allocate responsibilities for the collection and collation of evidence for each section of the self-assessment
- internal reporting – set reporting periods for progress reporting to the board and reporting on findings to people responsible for decision making.

6) Conduct self-assessment

The process used for self-assessment will depend on the specific requirements of the standards and/or tools used, but will generally involve:

- reviewing the specific requirements of each standard
- documenting what the service provider does that demonstrates they meet the requirement
- identifying and collecting the evidence that proves the requirement is met (such as policy and procedure documents, information about service activities, feedback from stakeholders).

7) Schedule and prepare for external review or audit (if required)

Each set of standards has its own arrangements regarding external assessment, accreditation, certification or verification. Some standards do not require formal certification, some use 'peer reviewers', some standards are reviewed by government departments and others require certification by a licensed agency ('conformity assessment body (CAB)'). Many CABs are also licensed to provide certification for a number of different standards.

In most cases, the service provider will engage the external reviewers directly and coordinate the review or audit process with them.

The service provider needs to allocate a specified staff member responsible for contact and liaison with the external reviewers or auditors working with the external reviewers to:

- ensure the required documentation is made available to them
- organising any on-site visits for them (in most instances, external reviewers will want to meet with staff, service users and other stakeholders at a service outlet)
- follow up on any requests or directions from external reviewers
- maintain ongoing communication between the service provider and the reviewers.

8) External review or verification (as required)

If a set of standards does involve external assessment, the external reviewers or third party will generally:

- review the results of the service provider's self-assessment
- review the evidence documents and data provided
- conduct some inquiries of their own, such as case file reviews or interviews with service users
- provide a report on the extent to which the standards requirements have been met
- (if necessary) indicate further action the service provider will need to take to comply.

9) Address review findings

Once an external reviewer or auditor has provided a report to the service provider, the service provider may need to take immediate action to meet a critical requirement. In most cases, a longer term plan for improvement is suggested or negotiated with the service provider, and time frames for implementation agreed upon.

10) Maintain continuous improvement

At the end of a self-assessment, external review or audit, the service provider will receive certification or verification against the standards. If some standards are not satisfactorily met, the assessment report will identify improvements and a timeframe for the service provider to meet the required improvements.

This is also the point at which the service provider should identify how it will coordinate its quality management system as an ongoing activity and maintain continuous quality improvement.

In a market-driven context, focusing on quality management and continuous improvement allows service providers to remain competitive and embed in the organisation a sustainable culture of quality service provision that puts the service user and their needs at the centre of the organisation's decision making processes.

10.5 Quality management documentation

10.5.1 Quality management policy and procedures

A documented process or policy for continuous quality improvement is best practice.

A quality management process or policy document embodies the service provider's aims for continuous improvement and provides the framework for procedures that implement quality improvement. It should include:

- the principles that will apply to quality management (including the participation of staff, board, service users and other stakeholders in review processes)
- the main processes and activities that will be used to track, report, review and make improvements (this should include documenting and reporting on feedback, complaints, incidents and compliance)
- improvement plans, activities and outcomes
- responsibilities for coordinating or managing aspects of quality improvement and any dedicated staff positions (such as a 'quality officer') or structures (such as a 'quality and safety' subcommittee)
- reporting within the service provider and reporting to the board on quality improvement.

Quality management process documentation should be supported by documented policy and procedures in related areas such as:

- risk management and compliance monitoring
- complaints management
- incident reporting
- service delivery
- organisational performance evaluation and reporting.

10.5.2 Documentation and reporting

Documentation and reporting is central to the management of continuous quality improvement. It is critical that the board and senior management can:

- check that the service provider is compliant with legislation, standards and other requirements
- monitor issues arising and ensure that action is taken to make improvements
- track quality improvement.

There are several tools that can assist in these processes, and examples of these are provided in the 'Resources' section at the end of this chapter:

- compliance register: identifies key legal, contractual or reporting requirements for the service provider and when these have been checked and updated
- document control register: lists the main documents that direct the service provider's business (such as policies and procedures) and keeps a record of where the document is filed, date and identifier of the current version, review dates and where and how it will be disposed of

- continuous quality improvement register: summarises improvement activity within the service provider, keeping track of the issue, improvements to be made, and responsibility for implementing actions
- incident register: a register should be kept for accidents, injuries or critical incidents. This register keeps track of what has happened, who has been affected, and the action taken by the service provider
- performance reporting template: reporting templates should summarise critical information from all the above documents and provide simple reporting against key performance indicators.

10.6 Conclusion

Quality management and continuous quality improvement can assist a service provider to meet required standards, make improvements that benefit service users and track ongoing positive change.

The board has a responsibility to lead the service provider in quality management by:

- ensuring a system is in place for managing quality
- fostering a culture of continuous quality improvement
- monitoring quality and compliance.

The initial introduction of a quality management system requires some planning, the allocation of time to the process by the board and staff, and potentially some financial resources.

However, this is an investment in the future of the service provider, its longer term viability and its reputation for best practice in the provision of quality service.

References

Joint Accreditation System of Australia and New Zealand (JAS-ANZ)

JAS-ANZ is the government-appointed accreditation body for Australia and New Zealand responsible for providing accreditation of conformity assessment bodies (CABs) in the fields of certification and inspection. Accreditation by JAS-ANZ demonstrates the competence and independence of these CABs.

Website: <http://www.jas-anz.com.au/>

Standards Australia

Standards Australia develops industry standards for a wide range of industry areas, and ensures Australian Standards are aligned with international standards.

Website: <http://www.standards.org.au/>

SAI Global

SAI Global publish standards content, guides and tools for Australian Standards and International Organisation for Standardisation (ISO) (amongst others)

Website: <http://www.saiglobal.com/>

International Organisation for Standardisation (ISO)

Standard 9001:2015 Quality Management Systems

Website: http://www.iso.org/iso/home/standards/management-standards/iso_9000.htm

Resources

Checklists and planners

These documents are designed to guide the service provider through the steps of implementing a quality management system or reviewing components of a system already in place.

Project time frame

Provides an indication of the time frame for completing the steps involved in implementing a quality management system and completing the self-assessment and external review process.

Project planner

Provides a tool for planning each step of implementing a quality management system.

Reviewing current quality management processes

Provides a guide to completing the first stage of implementing a quality management system – reviewing current quality management processes and identifying any action needed by the board.

Assessing standards tools

Provides a checklist for assessing tools or systems for supporting self-assessment and external review against standards.

Documentation templates

These templates are examples that can be used for various types of documentation in a quality management system. There are different versions and approaches to these, and the templates provided are examples only.

Compliance register

Identifies key legal, contractual or reporting requirements for the service provider and documents when these have been checked and attended to.

Document control register

Keeps track of the main documents that direct the service provider's business.

Continuous quality improvement register

Monitors improvement activity within the service provider.

Working with Key Performance Indicators

Documents key performance indicators and performance targets, and data collection planning.

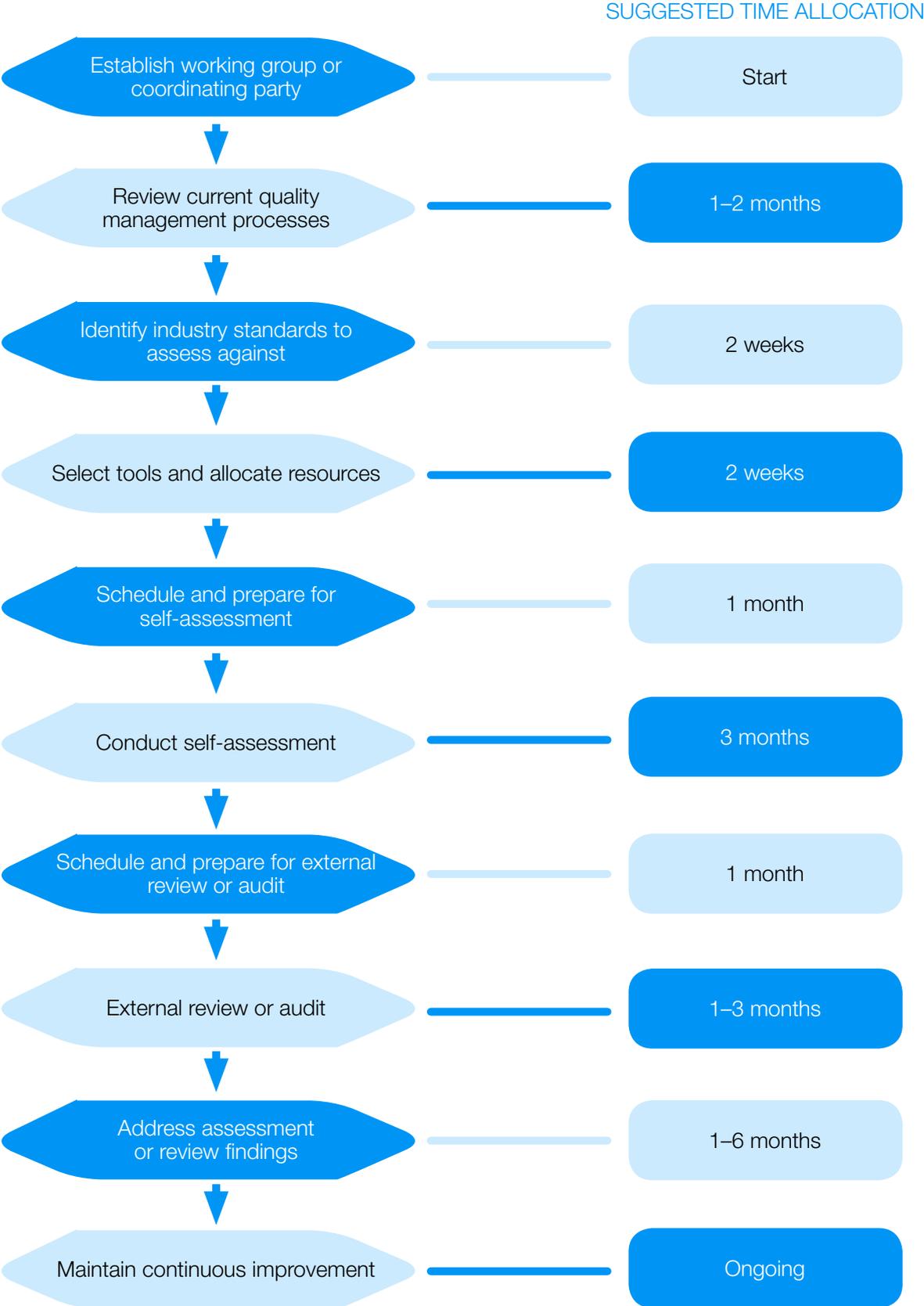
Performance reporting template

Summarises critical information from all the above documents and provides simple performance reporting against key performance indicators.

Checklists and planners

Project time frame

Use this diagram as a guide to anticipated time frames for completing the steps involved in implementing a quality management system and completing the self-assessment and external review process.



Project planner

Use this tool to review or plan each step of implementing a quality management system. Information on each step is outlined in Section 10.4.1 of this chapter.

| Step | Challenges | Action needed | Responsibility | Time frame | Complete |
|---|--|--|-------------------|-------------------------------|--------------------|
| Main steps – setting up or reviewing a quality management system | Discuss difficulties or issues that may arise in this step | Decide what will be done to address issues and complete step | Who will do this? | When will it be completed by? | Tick when complete |
| Allocate responsibility for coordination of process | | | | | |
| Review current processes and documentation | | | | | |
| Identify industry standards | | | | | |
| Select tool/s for self-assessment | | | | | |
| Allocate resources | | | | | |
| Plan self-assessment, set time frames and allocate responsibilities | | | | | |
| Select and engage external reviewer or auditor | | | | | |
| Prepare for external review or audit | | | | | |
| Participate in external review or audit | | | | | |
| Address review findings | | | | | |
| Achieve compliance with standards | | | | | |
| Maintain continuous improvement | | | | | |

Reviewing quality management processes

Use these tools to complete the first stage of implementing a quality management system – reviewing current quality management processes and identifying any action needed by the board.

1. Review of service development

Consider each of the following questions as part of a board discussion.

| Questions for discussion | Notes from discussion |
|--|-----------------------|
| What have been the most significant changes in the size, scope or direction of the service provider over the past 5 years? | |
| How has this affected the way we manage quality? | |
| What are the most significant changes in size, scope or direction planned for the next 3–5 years? | |
| How might this affect the way we manage quality in the future? | |
| What action do we need to take? | |

2. Quality management documentation

| Example: | | |
|--|---|---|
| • <i>Quality management policy statement</i> | • <i>Yes but – old policy out of date</i> | • <i>Review and update quality management policy statement and related procedures</i> |
| Processes, policies and procedures: | | |
| Quality management processes | | |
| Core organisational policies and procedures (governance, finance, human resource management, information management) | | |
| Risk management and compliance monitoring | | |
| Complaints management | | |
| Incident reporting | | |
| Service delivery | | |
| Organisational planning, performance evaluation and reporting | | |
| <i>Other:</i> | | |
| Templates for compliance, quality tracking and reporting: | | |
| Compliance register | | |
| Document control register | | |
| Incident register | | |
| Complaints register | | |
| Continuous quality improvement register | | |
| Performance reporting template | | |
| <i>Other:</i> | | |

3. Reviewing quality management processes

Use this template to review key processes that enable the service provider to manage quality and the board to monitor quality and compliance. Review each process and identify any action needed to improve the process.

| Processes | When was this process last reviewed? | How well does this process help us manage quality? | What changes could we make to improve this process? |
|---|--------------------------------------|--|---|
| <i>Example:</i> • <i>Strategic Planning</i> | • <i>Six years ago</i> | • <i>Difficult to track achievements in some areas</i> | • <i>Develop clearer, more precise performance measures</i> |
| Strategic and business planning | | | |
| Risk management assessment and planning | | | |
| Policy and procedures | | | |
| Service provision (availability, access, intake) | | | |
| Service delivery (service user feedback and outcomes) | | | |
| Records and file management (service user) | | | |
| Records and file management (general) | | | |
| Complaints management | | | |
| Workplace Health and Safety | | | |
| Staff recruitment and performance | | | |
| External accountabilities | | | |
| Regulatory compliance | | | |
| Service partnerships | | | |
| Assets management | | | |
| Supplier guidelines and contracts | | | |
| <i>Other:</i> | | | |

4. Attitudes, understanding and change

Use the following to guide discussion by the board in reviewing the way people within the organisation view quality, quality management and change. This review can be further informed by structured discussions with staff or staff surveys.

| Questions for discussion | Notes from discussion |
|--|--|
| <p>Do we know how people within the organisation view quality and continuous improvement?</p> <p>This might range across the following:</p> <ul style="list-style-type: none"> • believe the service is fine and see no reason to make changes • concerned that quality management signifies a lack of trust in their work • see it coming but not sure how it will impact • feel overloaded with standards and compliance • eager to embrace quality but not sure how best to proceed • understand how to complete a formal quality review with reasonable success • committed to ongoing quality management processes | <ul style="list-style-type: none"> • [if 'no', then consider consultation with staff] |
| <p>How can we best prepare our people to implement a quality management system or to better work with the one we have?</p> | |
| <p>What changes do we need to encourage in attitudes or understanding, and how should we do this?</p> | |

Assessing standards tools

Use the following checklist to assess tools or systems for supporting self-assessment and external review against standards.

| TOOL/SYSTEM: [insert name of tool or system being assessed] | | NOTES |
|--|---|-------|
| Which set of standards does the tool work with? | [insert title/s of standards or 'multiple'] | |
| If there are multiple sets, which set will you be using? | [insert title of standards if relevant] | |
| If you are assessing a non-mandatory set of standards: | | |
| Is this set accepted as an alternative to other standards? | [insert title of standards for which these are an accepted alternative] | |
| Is there a choice of external reviewer? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| What is the scope of these standards? | <input type="checkbox"/> All aspects <input type="checkbox"/> Mainly service delivery <input type="checkbox"/> Mainly corporate business | |
| How are these standards viewed by other service providers? | <input type="checkbox"/> Highly respected <input type="checkbox"/> Respected <input type="checkbox"/> Not respected <input type="checkbox"/> Not well known <input type="checkbox"/> Don't know | |
| Review of tool or system: | | |

| TOOL/SYSTEM: [insert name of tool or system being assessed] | | NOTES |
|--|---|---------------------------------------|
| What type of tools or system is this? | <input type="checkbox"/> Text entry self-review workbook <input type="checkbox"/> Tick box self-review workbook <input type="checkbox"/> Online tick box self-review work book <input type="checkbox"/> Evidence guides <input type="checkbox"/> Policy templates and practice guides <input type="checkbox"/> Other | [note any other features not listed] |
| Total cost of system | [insert total cost of tools, resources, and related services, including external review] | |
| Cost of external review or audit (if applicable) | [insert total cost of external review if known] | |
| Cost of tools and resources | [insert total cost of tools and resources if known] | |
| Other support and resources needed to use these tools or system | [insert estimated cost of other support or resources needed] | |
| How would you rate the potential ease of use of these tools or system? | <input type="checkbox"/> Very High <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> Very low | [insert main reasons for your rating] |
| How would you rate the potential usefulness of these tools or system? | <input type="checkbox"/> Very High <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> Very low | [insert main reasons for your rating] |

Documentation templates

Compliance register

This template provides a guide to keeping track of the service provider's compliance with key legal, regulatory and contractual requirements.

| Item | Key requirements | Responsibility | Last check | Action required | Completed |
|---|---|--|---|---|------------------|
| <i>Example:</i> • <i>Funding Agreement</i> | <ul style="list-style-type: none"> • <i>Quarterly data entry</i> • <i>Annual report</i> | <ul style="list-style-type: none"> • <i>Admin Manager</i> • <i>CEO</i> | <ul style="list-style-type: none"> • <i>May 2011</i> • <i>August 2011</i> | <ul style="list-style-type: none"> • <i>March data to be entered</i> • <i>Nil</i> | <i>June 2011</i> |
| Incorporation | | | | | |
| Funding agreement | | | | | |
| Workplace Health and Safety (WH&S) | | | | | |
| Insurance cover | | | | | |
| Probity checks (staff recruitment) | | | | | |
| Taxation | | | | | |
| Superannuation | | | | | |
| Financial audit | | | | | |
| Information security | | | | | |
| Legislation | | | | | |
| Incidents | | | | | |
| Feedback and complaints | | | | | |
| Other: | | | | | |

Working with Key Performance Indicators (KPIs)

Use this template to document key performance indicators and performance targets, and to plan the data collection required to evaluate performance.

| Area | Key Performance Indicator (KPI) | Target | Data to be collected | Frequency | How it will be collected, collated and analysed |
|--|---|---|---|------------|---|
| <i>Example:</i> • Satisfaction with service | • Service users consistently give positive feedback | • 90% of people rate the service as 'highly satisfactory' | • Satisfaction ratings from all service users | • Annually | • Independent researcher to interview people and provide report |
| Corporate governance | | | | | |
| Financial health of the organisation | | | | | |
| People assisted successfully | | | | | |
| Satisfaction with service received | | | | | |
| Achievement of positive outcomes for service users | | | | | |
| Staff morale | | | | | |
| Positive profile amongst stakeholders | | | | | |
| Other: | | | | | |

Performance reporting template

Reporting templates should summarise critical information from compliance and monitoring documents and provide simple reporting against key performance indicators.

| | |
|------------|---------------------|
| Date: | For period: |
| Report to: | Report prepared by: |

| Services and activities | Target/performance indicator | Report on results | Change since previous report | Comment |
|---|-------------------------------------|--------------------------------|------------------------------|---------|
| <i>Example:</i> • Service user assessment & review | • All case plans reviewed 3 monthly | • 80% reviewed within 3 months | • Increase from 72% | |
| | | | | |
| | | | | |
| | | | | |

| Organisational operation | Target/performance indicator | Report on results | Change since previous report | Comment |
|--------------------------|---|-------------------------------------|------------------------------|---|
| • Staff morale | • All staff at 100% satisfaction with place of work | • 68% of staff at 100% satisfaction | • Decrease from 79% | • Recent dispute over wage grading has impacted badly |
| | | | | |
| | | | | |
| | | | | |

| Organisational operation | Target/performance indicator | Report on results | Change since previous report | Comment |
|---|---|--|---|---------|
| <ul style="list-style-type: none"> Compliance with NSW Disability Services Standards | <ul style="list-style-type: none"> All minimum standards met External review completed successfully | <ul style="list-style-type: none"> Self-review against standard 1-7 completed | <ul style="list-style-type: none"> Standards 4-7 completed | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| COMPLIANCE REPORT | | | | |
|-----------------------------|--|--|--|--|
| Risk management plan | | | | |
| Insurances | | | | |
| Workplace Health and Safety | | | | |
| Other legal requirements | | | | |
| Contracts | | | | |
| Service agreements | | | | |
| Reporting | | | | |
| Standards | | | | |
| Incorporation | | | | |
| Other: | | | | |

